



County of
Essex

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Answering the Call

Essex-Windsor EMS Request of the Ministry of Health

ROMA Conference Submission, January 21, 2025

What we are requesting

Essex-Windsor EMS is requesting that the Ministry of Health direct the appropriate ministry staff to engage with Essex-Windsor EMS to negotiate the transfer of responsibility for the Windsor Central Ambulance Communications Centre (CACC) to the County of Essex for, at minimum, a five-year pilot project. This will require Essex-Windsor EMS to take over operational, day-to-day decision-making at the Windsor CACC under a performance agreement with the Ministry of Health.

Essex-Windsor EMS has achieved success diverting patients from emergency rooms, leveraging provincial support to pioneer innovative community paramedicine programs that treat patients when and where they need it. But considerably more success could be achieved in our rapidly growing region, and patient outcomes improved, with a more responsive and agile dispatching system.

With the cost of ambulances rising every year and a chronic shortage of paramedics, adding sufficient resources to ease systemic congestion in a region experiencing record growth like Windsor-Essex is neither economically feasible nor operationally attainable. Even if we had unlimited funding to add the 13 ambulances required to improve service levels in the face of growing demand, where are we going to recruit the additional 104 full-time Paramedics required to staff them when the province faces an annual shortage of 400 Paramedics?

What's required is not more and more resources but a reimagining of the way in which those resources are deployed in Windsor-Essex and the way in which those resources are optimized to leverage the success of groundbreaking community paramedicine programs and promote a wholistic approach to patient care.

Allowing Essex-Windsor EMS to take responsibility for the day-to-day deployment and decision-making at the Windsor Central Ambulance Communications Centre is a low-cost step that would have an immediate and appreciable impact on ambulance response



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times and the quality of health care in Windsor-Essex. It would improve patient flow and outcomes, minimize red tape, maximize flexibility and allow for the full integration of our regional health care network.

The model has proven successful in Niagara, Ottawa and Toronto and there is every reason to expect it will be successful in Windsor-Essex, which has a history of regional cooperation and success in the pioneering of innovative health care initiatives. It has been identified as the preferred solution by Operational Research in Health, the expert consultants working with Essex-Windsor EMS to update our 10-year Master Plan.

"The EMS operating environment in Ontario limits the autonomy of services to provide the right patient care at the right time. Changes to the wider system are required to enable EMS providers to become the 'gatekeepers' of the emergency and urgent healthcare system," ORH concluded after examining the current and future state of Essex-Windsor EMS.

"Greater autonomy and clinical development of 'treat and release,' 'treat and refer' and secondary clinical triage in the dispatch centre will lead to reductions in inappropriate ambulance response, introducing more appropriate patient care and reduced frontline ambulance requirements meaning greater efficiency for EMS and the wider healthcare system."

Why we are making this request

1. Historic growth

The population of Essex County rose 6.1 per cent from 2016 to 2021, from 181,530 people to 192,700, and the pace of growth is only expected to accelerate. Over the next 30 years, our population is forecast to grow to between 268,000 and 315,000 people. This amounts to an average of 2,300 to 3,900 additional residents per year, compared to an average of 1,040 over the past 15 years.

Of particular note from a health care perspective is that our population is aging and will increasingly require specialized, complex care. The fastest growing segment of our population over the next 30 years will be those 75 and over. Projections forecast 600 out of every 1,000 calls by 2030 will be for patients in that age category.

2. Ambulance Call Volumes

Call volumes are expected to rise by an average of 4.5 per cent per year from 2024 to 2030. This is higher than the 4 per cent average from 2021 to 2023 and the 1.7 per



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cent average recorded from 2019 to 2023. Call volumes are presently around 65,000 and are forecast to be between 84,000 and 90,000 by 2030.

To maintain service levels in the face of that record growth, Essex-Windsor EMS would require 6 additional 24-hour shifts or 1,008 additional weekly ambulance hours. To improve response times to 75 per cent at the eight-minute threshold would require an additional 7 shifts for a total of 13 additional 24-hour shifts or 2,184 ambulance hours.

3. Investments and Escalating Costs

Since 2022, County budgets have included funding for 28 additional full-time Paramedics and two supervisors in the dispatch centre. These investments have resulted in an increase of more than 62,000 front-line service hours.

The cost per ambulance is just over \$1.3 million per year in 2025 dollars so the cost of adding 6 ambulances by 2030 to maintain service levels is just under \$8 million. The cost of adding 13 ambulances and hitting the eight-minute target 75 per cent of the time is estimated at \$17 million in 2025 dollars.

Over and above the \$1.3 million cost of each ambulance are some sobering logistical realities. Those costs do not include fuel nor repairs and maintenance nor the cost of additional uniforms and supervision. As well, the lead time for procuring ambulances is well over a year and the chances of recruiting enough Paramedics to actually staff those new ambulances are slim.

4. Proven Success

Essex-Windsor EMS has a proven track record of working with our regional partners to deliver quality health care to patients when and where they need it most. We mobilized during the COVID-19 pandemic to offer testing on farms and in long-term care homes and we mobilized to offer vaccinations to tens of thousands of people, including agricultural workers, residents of long-term care homes and marginalized populations, including the homeless.

We have achieved a notable decrease in diversion rates working with our regional partners delivering Mobile Integrated Healthcare programs, including our Community Assessment Triage Team, Mental Health and Addictions Response Team, Vulnerable Patient Navigator Program and our Community Paramedicine – Long Term Care Program.

We have also achieved some success in improving patient flow through the placement of two District Chiefs in the Central Ambulance Communication Centre, but those efforts would yield significantly more benefits, improving patient care and reducing the volume

and duration of Code Reds and Blacks, if Essex-Windsor EMS was responsible for dispatch.

Additionally, having leadership on-site that is responsible for both ends of the operation allows for integrated operations, improved resource allocation, consistency in quality, enhanced coordination with other agencies and data driven improvements.

5. The Current Situation

Windsor-Essex is surrounded by water on three sides, resulting in the unique situation that Essex-Windsor EMS is the only service dispatched by the Windsor Central Ambulance Communications Centre, which is overseen by the Southwest Field Office.

Currently, Essex-Windsor EMS creates the deployment plan that is ultimately approved by the Southwest Field Office, which has a limited ability to be flexible, to consider conditions in the field and to encourage innovative solutions. The closest ambulance to a scene is traditionally considered the best one to send but the closest ambulance is not always the most appropriate one.

This protocol doesn't take into account local circumstances, such as how long the paramedics in that ambulance have been working and whether it would be more effective for a community paramedic to respond. This leads to an over-prioritization of calls and an overreliance on ambulances that discourages the use of community paramedics while contributing to emergency room congestion.

Answering the Call: A Better Way Forward

Allowing Essex-Windsor EMS to take responsibility for the day-to-day deployment decision-making at the CACC would promote the situational awareness necessary for the optimization of precious regional health care resources.

It would allow for the real-time redeployment of resources as circumstances warrant and it would promote improved integration of emergency and community paramedic programs, ensuring patients receive the care they need when and where they need it and ensuring ambulances are on the road as much as possible responding to emergency calls.

We have achieved success at diverting patients from the emergency room since placing paramedic supervisors in the CACC but we could achieve considerably more success through a more streamlined approach that removes the existing silos and provides Essex-Windsor EMS the flexibility to make real-time decisions in response to the fluid situation on the ground.



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